

**Las Vegas Office**  
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Las Vegas, Nevada 89183  
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Serving Clark, Lincoln and  
Nye Counties



**Carson City Office**  
755 North Roop Street  
Suite 107  
Carson City, Nevada 89701  
775-687-5980

[http://www.doe.nv.gov/Educator\\_Licensure/](http://www.doe.nv.gov/Educator_Licensure/)  
[license@doe.nv.gov](mailto:license@doe.nv.gov)

Serving all other Nevada  
counties

**State of Nevada**  
**Department of Education**  
**Verification of Teaching or Work Experience**  
**(Please Print Clearly)**

Type of Experience Being Verified:

☐ Teaching Experience      ☐ Work Experience

**Applicant Use Only:**

Applicant Name: \_\_\_\_\_  
Last First MI  
License #: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Employer Use Only:**

The applicant is requesting you provide our office with verification of his/her teaching and/or work experience with your company or school/school district. Please complete all applicable areas below. Use additional sheets as necessary.

Name of Company/School: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
mm/yy mm/yy

Address of Company/School: \_\_\_\_\_

**For TEACHING Experience Only:**

**Only** full-time, licensed teaching experience at a state-licensed public or private school or DoDDS school should be listed.

Subject(s) Taught: \_\_\_\_\_ Grade Level: \_\_\_\_\_ % FTE: \_\_\_\_\_

**For WORK Experience Only (Use for Business & Industry or CTE licenses only):**

Applicant's Job Title: \_\_\_\_\_ Self-Employed? ☐ Yes ☐ No

(If self-employed, attach evidence of self-employment, e.g. tax records, and a copy of your state business or professional license.)

Specific job functions and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant was employed: ☐ Full time (40 hours per week) ☐ Part time - \_\_\_\_\_ total hours worked

**Certification of Employer:**

**I certify that the foregoing information is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_